## APPLICATION FOR RECIPROCITY NATIONAL RETAKE EXAM

Louisiana State Board of Cosmetology o Cosmetology o Manicurist 11622 Sunbelt Court o Esthetician Baton Rouge, LA 70809 o Instructor (225) 756-3404 o Alternative Hair Choose language English Vietnamese Spanish Full Name: Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Applicant's Individual Email Address: \*\*\*\*PLEASE PRINT\*\*\*\* Applicant's Telephone Number: Please make sure the following is included along with this application: O Recent COLOR photo of applicant Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one

NO MONEY REQUIRED WITH THIS APPLICATION